

Case Number:	CM15-0216521		
Date Assigned:	11/06/2015	Date of Injury:	09/23/2006
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who sustained an industrial injury on 09-23-2006. His diagnoses were status post burst fracture at lumbar one, status post thoracic twelve through lumbar two spinal fusion with hardware placement, status post lumbar three through sacral one surgery for spinal stenosis, surgery to the left hip, left leg, and back, post trauma osteoarthritis of the lumbar spine and left hip, cage in the inferior vena cava, osteitis pubis, and status post-surgery for inguinal hernias. In the provider notes of 09-23-2015, the injured worker complains of chronic low back, left hip, and left shoulder pain. In the notes of 07-31-2015, he is seen by a physician to establish his primary treating physician in a new location. He takes Norco 1-2 per day for pain, Zanaflex capsules 4 mg 1-2 per day as needed for spasms, Omeprazole daily for dyspepsia, and Naprosyn 500 mg twice daily for inflammation. On exam, his trunk range is limited. He cannot stand up straight. Palpation reveals muscle rigidity in the lumbar trunk with loss of lordic curvature secondary to muscle spasm. He is antalgic, leaning forward and to the right. Examination of the left hip reveals pain with passive range of motion. His left shoulder has limited range of motion. There is crepitus on circumduction of the shoulder. The plan of care is for medication refills. No procedures are planned. He will be seen in two months. The appointment on 09-23-2015, the injured worker complains of chronic low back, left hip, and left shoulder pain. He notes a 50% reduction in pain and functional improvement with activities of daily living with his medications. His pain is rated an 8 on a scale of 0-10 at best, and at a 4 on a scale of 0-10 with medications. Without medications his pain is rated a 10 on a scale of 0-10. On exam, his back has limited range and there is sensory loss to light touch, pinprick at left lateral

calf and bottom of his foot. Examination of the left hip notes an inability to fully flex and extend the hip. There is sensory loss in the left lateral calf and bottom of his foot. He ambulates with a limp. Palpation reveals muscle spasm in the trunk. Left shoulder exam reveals limited range with positive impingement sign. There is crepitus on circumduction passively and tenderness over the bicipital tendon with a negative Yergason's sign. The treatment plan is for refill of his Norco, and refill of Omeprazole and prescription of Mobic 15 mg for inflammatory component of the pain. He is under a narcotic contract. Urine drug screens have been appropriate, and his is on the lowest narcotic dose to maintain normal function. A request for authorization was submitted for: 1. Omeprazole 20mg #30 with 1 refill, and 2. Mobic 15mg #30 with 1 refill. A utilization review decision 10/09/2015 certified the Mobic, and non-certified the Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the injured worker is prescribed Mobic and has been prescribed Omeprazole for a long period of time due to high doses of NSAIDs being prescribed. Continued use of Omeprazole is appropriate. The request for Omeprazole 20mg #30 with 1 refill is determined to be medically necessary.